

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/ 552178</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		4			/		55						
6		4			/		56						
7		0			/		57						
8		0			/		58						
9		0			/		59						
10	/		/				60						
11	/		/				61						
12	/		/				62						
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14		0			/		64						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4		4		TOTAL IND.						
TOTAL DEP.	17		11		15		TOTAL DEP.						
TOTAL CLAIMS	21		15				TOTAL CLAIMS						